

... for each, and the number of each in

... In case of more than one child at a birth, a SEPARATE RETURN, in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No.

### 1. PLACE OF BIRTH

County Gila

State Arizona

District or Township San Carlos

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Tessie Thompson

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural

4. Twin, triplet or other

6. Legitimate?

7. Date

female

births.

5. No., in order of birth

yes

of birth

Month

Day

Year

7 / 4 / 28

8.

FATHER

Full name

Joseph Thompson

14.

MOTHER

Full maiden name

Agnes Victor

9. Residence

(Usual place of abode)

San Carlos,

Ariz.

If non-resident, give place and state.

15. Residence

(Usual place of abode)

San Carlos,

Ariz.

If non-resident, give place and state.

10. Color or race

4 / 4 Indian

11. Age at last birthday

47

(Years)

16. Color or race

4 / 4 Indian

17. Age at last birthday

19

(Years)

12. Birthplace (city or place)

San Carlos,

(State or country)

Ariz.

18. Birthplace (city or state)

San Carlos,

(State or country)

Ariz.

13. Occupation

Common labor

Nature of industry

19. Occupation

housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child).

(a) Born alive and now living

1

(b) Born alive but now dead

0

(c) Stillborn

0

21. Were precautions taken against oph-  
thalmia neonatorum.

no

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive

at 12

(Born alive or stillborn)

m. on the date above stated.

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this returns. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

C. H. Sawyer M.D.

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year

Address

San Carlos, Ariz.

Registrar

Filed

19

C. H. Sawyer.

Registrar

335-704-159